CDDO Name: 2017 KDADS CDDO PEER **Primary Contact: REVIEW PREPARATION** # of Affiliates: # of Unduplicated Persons served: **GUIDE Date of Review: CDDO** Checklist of Materials Readily CDDO Desk Review Materials Sent to KDADS (One **Available Onsite for most recent 12 months:** month prior to review for most recent 12 months ☐ Most Current CDDO Policies Roster of Council of Community Members and meeting notes List of persons who have changed service providers **Current Affiliate Agreements** ☐ List of persons assessed for eligibility including contact Mailing Lists for CDDO and CSP information and the determination (be sure to include telephone number) CDDO Policies including public hearing List of Affiliates by provider type including contact notices and approvals information (Email addresses especially) Evidence of CSP input on CDDO area management Copy of Newsletters if applicable (1 year) Position descriptions for personnel that have ☐ BASIS list both CDDO and CSP job duties. (current) ☐ Crisis exception submissions – list of individuals Evidence of a process for affiliation and its ☐ List of individuals living in ICF/MR and state monitoring (current) institutions whose home county is your CDDO Description of process for State Aid catchment area **KDADS Duties Prior to Review:** Description of process or procedure for crisis/exception requests ☐ KDADS will select/train the review team Evidence eligibility staff have completed ☐ Schedule review dates with CDDO training requirements. Copy of CDDO Distribute review information to team members Training Program for eligibility (current) Conduct consumer interviews Description of process for persons to change Review all submitted desk review materials service providers Eligibility determination sample letter (current) Sample of CDDO Transfer Notification form (current) PLEASE NOTE: CDDO SHOULD SEND THE Provider change notifications (1 year) STATED DESK REVIEW MATERIALS TO KDADS VIA THE HCBS GENERAL UPLOAD UTILITY Provider choice list TOOL LOCATED ON THE KDADS WEBSITE NO Evidence of annual notification of available LATER THAN ONE MONTH PRIOR TO YOUR community services for persons residing in DESIGNATED REVIEW DATE. INSERT IN "NOTE" **ICFs** SECTION: PROVIDER COMPANY NAME & "PEER Evidence of dispute resolution data REVIEW DOCUMENTS FOR DESK REVIEW" maintenance and evaluation Previous years Performance Improvement Copy of application packet & description of eligibility process List of any cancelled/suspended affiliation agreements ICF/IID admissions documentation

List of crisis/exception requests